

# Membership Application

**Yes, I want to be a member!**

- New
- Renewal
- Gift

For Office Use Only

**Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**Cards Given:** Y / N **Receipt Given:** Y / N

**Notes** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Member Information

Full name of adult #1

Full name of adult #2

Address

City

State

Zip

Day Telephone #

Evening Telephone #

E-mail address

## Membership Level

- Individual, \$45
- Dual, \$60
- Family, \$75
- Grandparent, \$75
- Museum Access Pass (MAP) \$240
- Add a Guest, \$20 x \_\_\_\_\_

Additional Donation \$ \_\_\_\_\_

**Total: \$ \_\_\_\_\_**

## Gift Membership

Send Membership Cards to:  Recipient  Gift Giver

Gift Giver's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Thank you for your support!